

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
FEC MAILCENTER

2025 NOV 17 AM 9:42
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cycle for Congress

ADDRESS (number and street)

8353 Ironwood Trl



Check if different than previously reported. (ACC)

Chicago City

MN

551013

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 00908210

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MN

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ethan Dasher

Signature of Treasurer

Ethan Dasher

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name
Cycle For Congress

Report Covering the Period:

From:

07 / 01 / 2025

To:

09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$336	\$2606
(b) Total Contribution Refunds (from Line 20(d))	\$0	\$0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$336	\$2606
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$1196.46	\$3458.23
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0	\$0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	\$1196.46	\$3458.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$147.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$1000	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Cycle For Congress

Report Covering the Period:

From:

MM / DD / YYYY
7 / 1 / 2025

To:

MM / DD / YYYY
9 / 30 / 2025

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

\$2000

\$2000

(ii) Unitemized.....

\$336

606

(iii) TOTAL of contributions
from individuals ▶

\$336

\$2606

(b) Political Party Committees.....

\$0

\$0

(c) Other Political Committees
(such as PACs).....

\$0

\$0

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

\$336

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

\$1000

2500

(b) All Other Loans.....

\$0

\$0

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

\$1000

\$2500

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

\$0

\$0

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

\$0

\$0

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

\$1336

\$5106

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	\$1196.46	\$2261.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0	\$0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	\$1500	\$0
(b) Of All Other Loans	\$0	\$0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	\$0	\$0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0	\$0
(b) Political Party Committees.....	\$0	\$0
(c) Other Political Committees (such as PACs).....	\$0	\$0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	\$0	\$0
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	\$2696.46	\$2261.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	\$1508.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	\$1336
25. SUBTOTAL (add Line 23 and Line 24).....	2844.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	\$2696.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	\$147.77

2025 RELEASE UNDER E.O. 14176

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cyle Cramer for Congress

Full Name (Last, First, Middle Initial)

A. Honsa Binder Printing

Date of Disbursement

7 / 7 / 2025

Mailing Address

1065 Phalen Blvd

City

Saint Paul

State

MN

Zip Code

55106

Purpose of Disbursement

Advertisement

004

Candidate Name

Cyle Cramer

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State:

District:

FEC Identification Number

C 00908210

Amount of Each Disbursement this Period

\$505.43

☐ Memo Item

B. Wordpress

Date of Disbursement

7 / 14 / 2025

Mailing Address

60 29th St

City

San Francisco

State

CA

Zip Code

94110

Purpose of Disbursement

Website Hosting

004

Candidate Name

Cyle Cramer

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

FEC Identification Number

C 00908210

Amount of Each Disbursement this Period

\$300

☐ Memo Item

C.

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

\$805.43

TOTAL This Period (last page this line number only)

\$805.43

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Cyle For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Cyle Cramer

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

8353 Ironwood Trl

City

Chisago City

State

MN

ZIP Code

55013

☒ Personal Funds of the Candidate

Original Amount of Loan

\$1000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$1500

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

MM / DD / YYYY
06 / 15 / 2025

MM / DD / YYYY
01 / 01 / 2027

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page _____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 	
Mailing Address		Interest Rate (APR) %	
City	State	Zip Code	Date Incurred or Established M M D D Y Y Y Y Y Y
Date Due M M D D Y Y Y Y Y Y			Date Incurred or Established M M D D Y Y Y Y Y Y
A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred M M D D Y Y Y Y Y Y			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify:		What is the value of this collateral? 	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:		Does the lender have a perfected security interest in it? ☐ No ☐ Yes What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
M M D D Y Y Y Y Y Y			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M D D Y Y Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M D D Y Y Y Y Y Y	
Title			

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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Tracking® service included for domestic and many international

d international insurance.**

used internationally, a customs declaration form is required.

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2
3
4



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USPS PRIORITY MAIL®

Ethan Dasher
Ethan Dasher
200 10th St E
Apt 401
Saint Paul MN

Expected Delivery Date: 10/18/2025

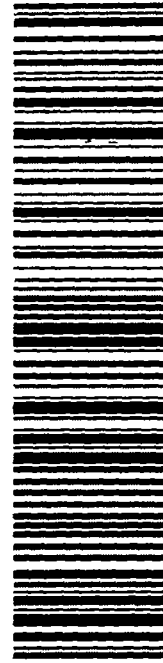
0003



FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
1050 1ST ST NE
WASHINGTON DC 20002-5859

C062

USPS TRACKING #



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Federal Election Commission
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☒ USPS Priority Mail	Postmarked 10/15/25
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☐ Postmark Illegible	
☐ No Postmark	
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NOV 17 2025 10:00 AM